STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

HARN 51553

04-23-2009

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WELL LABEL # L 96565

START CARD # 1006523

	<u></u>
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name Jett Last Name BLACKBURN	County Harney Twp 24.00 S N/S Range 32.50 E E/W WM
Company	Sec <u>30</u> SW 1/4 of the SW 1/4 Tax Lot 600
Address 707 PONDEROSA VILLAGE	Tax Map Number Lot
City BURNS State OR Zip 97720	Lat or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition)	Street address of well Nearest address
	64040 HWY 78, BURNS, OR 97720
(3) DRILL METHOD	
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL
Reverse Rotary Other	Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening 02-01-2008
Industrial/Commericial Livestock Dewatering	
Thermal Injection Other	
	WATER BEARING ZONES Depth water was first found 27
Depth of Completed Well <u>550.00</u> ft. BORE HOLE SEAL sacks/	04-14-2009 475 550 100 27
BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other	CLAY WITH STREAKS OF CLAY STONE 475 550
Backfill placed from ft. to ft. Material	CLAY WITH STREAKS OF CLAY STONE 475 550
Filter pack from ft. to ft. Material Size	
Explosives used: Yes Type Amount	
(6) CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 04-14-2009 Completed 04-14-2009
creen Liner Dia From To width length slots pipe size	
	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well
	construction standards. Materials used and information reported above are true to
	the best of my knowledge and belief.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
	(bonded) Water Well Constructor Certification
	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction, deepening, and additional work
Temperature 60 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number <u>1424</u> Date <u>04-23-2009</u>
	Electronically Filed
	Signed TIMOTHY K RILEY (E-filed)
	Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.89